2017 - 04 - 26 - 0M - 00155M50

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1		ORGANIZ	ATION	2017 APR 26	M 7: 34 Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.		
English	First Pol	itical Victo	ory Fund		
			1.1.1.1.1.1.1.1.1		
ADDRESS (number a	nd street)	8001 Forbes	Place, Suite 2	202	
X (Check if a				11111	
	•	Springfield CITY▲	- 	VA STATE ▲	22151 2205 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS				
☐ ◀ (Check if a	address	walterolson@	mindspring.com	n	
•	Opti	onal Second E-Mail A	ddress		
	. L.	1 1 1 1 1 1	<u> </u>		
COMMITTEE'S WEE	PAGE ADDRES	S (URL)			
(Check if is change	address ₁	None			
	L			1111111	
2. DATE 0	4 <u>01</u>	2017			•
3. FEC IDENTIFIC	CATION NUMBE	R ▶ C	00245720		
4. IS THIS STATE	MENT []	NEW (N) OR	AMENDED ((A)	
I certify that I have	examined this Sta	tement and to the bes	st of my knowledge and be	lief it is true, correct a	nd complete.
Type or Print Name	of Treasurer	Walter J.	Olson		
Signature of Treasur	er 🥒	alts &	Olson	Date 0.4	2.0 / 2.01.7
NOTE: Submission of			n may subject the person sig		he penalties of 52 U.S.C. §30109
Office Use Only			For further informa Federal Election Cor Toll Free 800-424-95 Local 202-694-1100	mmission	FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE							
Ca	ındidate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	1				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	ete the candidate				
	me of ndidate						
	ndidate rty Affiliatio	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	me of ndidate						
Pa	rty Con	nmittee:					
(d)			Democratic, epublican, etc.) Party.				
Po	litical A	ction Committee (PAC):					
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:				
	دست	n n	_				
			Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joi	int Func	draising Representative:	1				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Com	nmittees Participating in Joint Fundraiser	,				
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number					

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Write or Type Committee N	 		
English Fir	st Political Victory Fund		
6. Name of Any Connecte	ed Organization, Affillated Committee, Joint Fundraising Repres	entative, o	r Leadership PAC Sponsor
English Fir	st 		<u> </u>
Mailing Address	8001 Forbes Place, Suite 202		
	Springfield	VA L	22151 2205
Relationship: X Conne	CITY Sected Organization Affiliated Committee Joint Fundraising Re	STATE epresentativ	ZIP CODE Ve Leadership PAC Sponso
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position	of the pers	son in possession of committee
Full Name	rank McGlynn		
Mailing Address	8001 Forbes Place, Suite 202		
	Springfield	VA J	22151 - 2205
Title or Position	CITY S	TATE	ZIP CODE
Comptroller	Telephone number	ər <u> 7</u> 0	03 - 321 - 8818
8. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).	ommittee; a	and the name and address of
Full Name M	Walter J. Olson	<u> </u>	
Mailing Address	_ 37,0 Maple Avenue West, Suite	4	
\	Vienna	VA	22180 - 5615
Title or Position	CITY . S	TATE	ZIP CODE 3 - 356 - 5919

CITY

STATE

ZIP CODE

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Full Name of

6000567772 APR 20 2017 MAILED FROMZIP CODE22180

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WALTER J. OLSON & ASSOCIATES 370 MAPLE AVENUE WEST, SUITE 4 VIENNA, VIRGINIA 22180-5615

Federal Election Commission 20463 999 E Street, N.W. Washington, DC

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er	4/26/17				
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